



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: GREENE et al.

Application Serial No.: 10/033,806

Filing Date: December 28, 2001

For: HEALTHCARE PERSONAL AREA  
IDENTIFICATION NETWORK  
METHOD AND SYSTEM

)  
) Group Art Unit: 2182  
)  
) Examiner: Alan S. Chen  
)  
) **RESPONSE TRANSMITTAL**  
)  
) **IBM Docket No. YOR920010587US1**  
) (Attorney Docket No.: I01.068)  
)  
) **PTO Customer Number 48175**  
) BMT/IBM  
) Five Elm Street  
) New Canaan, CT 06840  
)  
)

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 12, 2005.

Dated: July 12, 2005

By: 

Edith Martin

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing are:

1. ☒ Fee as calculated and transmitted as described below
2. ☒ **After Final** Amendment/Response
3. ☒ Request for Continued Examination (RCE) Transmittal
4. ☒ Additional Enclosures: Acknowledgement Postcard

### FEE CALCULATION

For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	4	- 43	0	\$ 50.00	\$ 0.00
Indep. Claims	4	- 8	0	\$ 200.00	\$ 0.00
Multiple Dependent Claims (add \$300.00 if applicable)					\$ 0.00
No Petition for Extension of Time is Required					\$ 0.00
OTHER FEE -Request for Continued Examination (RCE):					\$790.00
<b>TOTAL FILING FEE</b>					<b>\$790.00</b>

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-0510 for the amount of **\$790.00**. A duplicate copy of this sheet is enclosed. In addition, please:

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,



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July 12, 2005  
Date